

[LOCATION] CASE QUESTIONNAIRE RECREATIONAL WATER OUTBREAK
--

NAME OF INTERVIEWER _____

Age category of CASE

0-5 _ 1	6-10 _ 2
11-15 _ 3	16-20 _ 4
21-40 _ 5	41-60 _ 6
>60 _ 7	

|_| **CASE** *[note: this case definition is just an example]*Between *[dates]*

- at least 1 day with 3 loose stools/24 hours
- or
- a positive lab test with one of the following symptoms : diarrhea , vomiting,
or abdominal cramps

|_| **CONTROL** *[note: this control definition is just an example]*

- **NO** Gastro intestinal illness between *[dates]*
and member of the private pool population

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Family ID: |_|_|_| ID: |_|_|

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**[LOCATION] CASE QUESTIONNAIRE
RECREATIONAL WATER OUTBREAK**

Family ID : |_|_|_| ID: |_|_|

Respondent: Last name _____ First name _____

Case: Last name _____ First name _____

Relation between respondent and case:

Self1
Mother.....2
Father.....3
Other4 specify _____

Home telephone |_|_|_|-|_|_|_|-|_|_|_|

Work telephone |_|_|_|-|_|_|_|-|_|_|_|

Address : _____

_____ Zipcode |_|_|_|_|

Interviewer: _____

Date of Interview: |_|_|-|_|_|-|_|_|
MM DD YY

Telephone Contact History

Date (mm/dd)	time (am/pm)	Outcome/Comment
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Reason for not completing interview : Refused 1 Not reachable 2 Other 3

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* TEXT IN REGULAR TYPE IS TO BE READ TO THE RESPONDENT.

*** TEXT IN BOLD IS AN INSTRUCTION FOR THE INTERVIEWER AND SHOULD NOT BE READ TO THE RESPONDENT.**

CASE QUESTIONNAIRE-- RECREATIONAL WATER OUTBREAK

Hello, my name is _____ and I am working with the *[Location]* Health Department. I'm trying to reach *[Name of Contact]*.

YOU SHOULD BE SPEAKING WITH THE ADULT CASE, OR A PARENT OR GUARDIAN OF A CASE. DO NOT INTERVIEW ANYONE YOUNGER THAN 19 WITHOUT THE PERMISSION OF THE PARENT OR GUARDIAN.

We are investigating cases of diarrhea occurring among people who live in *[area]*. We are conducting a survey to help us determine what may have played a role in causing illness among people living in our community.

We realize that you may have already spoken to the Health Department, however, we are interested in you helping us find out more about this illness so that we can learn more about preventing and controlling Cryptosporidiosis, the diarrheal disease that we have seen in our community.

[You or Name of Child] has been selected to participate in this survey because of (*your, your child's*) illness. The answers that you give will remain confidential. Your participation in these efforts will greatly enhance our understanding of this illness in our community.

This should take approximately 30 minutes. Your participation is voluntary and all information you give will be kept confidential to the extent legally possible. Some of the questions may be sensitive. You may refuse to answer any question at any time. Neither *[Your, Your child's]* name nor any identifying information will appear on any report. We will be happy to answer all your questions at the end of the interview. A final report will be available at the health department.

Do you agree to participate in this survey?

___ NO, **END INTERVIEW...**Thank you for your time.

___ YES, **IF YES, CONTINUE INTERVIEW...** It would be helpful if you had a calendar in front of you as we will be discussing specific dates.

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SECTION A : BACKGROUND INFORMATION

A1. First I would like to ask about the family members who were living in (*your/name* _____'s) household during the period between [*dates*], their age and relationship to you and whether or not they had diarrhea (at least 3 loose stools in 24 hours) [*note: this was their definition of diarrhea; you may need to use a different definition*]? **(HAVE RESPONDENT LIST AND FILL IN TABLE) (IF NO ONE ELSE IN HOUSEHOLD, GO TO A2)**

Initials	Relationship To Respondent	Age	Sex (Circle)		Diarrhea (Circle)		Date Onset mm/dd/yyyy	Check person who is Case for this interview
--	Self		M	F	Y	N		
			M	F	Y	N		
			M	F	Y	N		
			M	F	Y	N		
			M	F	Y	N		
			M	F	Y	N		
			M	F	Y	N		
			M	F	Y	N		

A2. Next I would like to know about visitors who spent 2 or more consecutive nights in (*your/his/her*) house during the period from [*dates*], their age and relationship to (*you, name* _____) and whether or not they had diarrhea (at least 3 loose stools in 24 hours). **(HAVE RESPONDENT LIST AND FILL IN TABLE) (IF NO VISITORS IN HOUSEHOLD, GO TO A3)**

Relationship To Respondent	Age	Sex (Circle)		Diarrhea (Circle)	Date Onset mm/dd/yyyy	Date of Beginning of Visit mm/dd/yyyy	No. Days Visited
		M	F	Y	N		
		M	F	Y	N		
		M	F	Y	N		
		M	F	Y	N		

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IF THE CASE IS UNDER 13, ASK THE RESPONDENT TO ANSWER FOR THE CHILD. ASK TO PLEASE HAVE THE CHILD PRESENT IF POSSIBLE.

IF THE CASE IS OLDER THAN 13, PLEASE ASK TO SPEAK WITH THE CASE, IF YOU ARE NOT ALREADY.

CIRCLE THE GENDER OF THE CASE:

- A3. MALE 1
FEMALE 2

- A4. What is (*your/name* _____ 's) date of Birth?

|_|_| - |_|_|
MONTH YEAR

- A5. What racial or ethnic group do (*you/name* _____) consider
(*your/him/her*)self part of ?

PROMPT IF NECESSARY:

- WHITE, NON-HISPANIC..... 1
BLACK, NON-HISPANIC..... 2
WHITE, HISPANIC..... 3
BLACK, HISPANIC..... 4
AMERICAN INDIAN/ALASKAN NATIVE..... 5
ASIAN/PACIFIC ISLANDER..... 6
OTHER..... 7

Specify_____

- REFUSED..... 8
UNKNOWN..... 9

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SECTION B: CLINICAL INFORMATION
--

I would like to ask you some questions about (your/name _____)'s health

B1. Between [dates], did (you/name _____) have any gastrointestinal symptoms? For example, did (you/name _____) have any vomiting, stomach cramps, diarrhea or other such symptoms?

YES..... 1
 NO..... 2 (Thank Respondent, END INTERVIEW)
 REFUSED..... 8 (Thank Respondent, END INTERVIEW)
 UNKNOWN..... 9 (Thank Respondent, END INTERVIEW)

B2. Approximately when did (your/name _____)'s illness begin?

|_|_|-|_|_|-|_|_|
 MM DD YY

B3. Do (you/name _____) currently have these symptoms?

YES..... 1 (GO TO B5)
 NO..... 2 (GO TO B4)
 REFUSED..... 8 (GO TO B4)
 UNKNOWN..... 9 (GO TO B4)

B4. If no, when did these symptoms end? |_|_|-|_|_|-|_|_|
 MM DD YY

B5. Did (you/name _____) have any of the following symptoms and if so, for how long?

READ ALL SYMPTOMS AND MARK THE APPROPRIATE DURATION

	0 days	1 day	2-5 days	6-14 days	>14 days	REFUSED	UNKNOWN
a. Nausea							
b. Vomiting							
c. Fever Answer B6 Also							
d. Loss of appetite							
e. Abdominal Cramps							
f. Gas							
g. Headache							
h. Other, specify _____							
i. Other,specify _____							

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B6. If (*you/name* _____) had a fever, what was the highest temperature measured?

|_|_|_|_| . |_| degrees F

Felt warm/feverish, but temperature not measured2222

B7. Did (*you/name* _____) have diarrhea (3 or more loose or watery stools in a 24 hour period) during this illness period ?

YES..... 1

B7a. If yes, when did the diarrhea begin?

|_|_|-|_|_|-|_|_|
MM DD YY

NO..... 2 (**GO TO B16**)

REFUSED..... 8 (**GO TO B16**)

UNKNOWN..... 9 (**GO TO B16**)

B8. What was the maximum number of loose or watery stools (*you/name* _____) had in a 24 hour period during this illness

NUMBER |_|_|

REFUSED.....88

UNKNOWN.....99

B9. Did (*you/name* _____) have blood in (*your/his/her*) stool ?

YES..... 1

NO..... 2

REFUSED..... 8

UNKNOWN..... 9

B10. Did (*you, name* _____) have 3 consecutive days with diarrhea (3 or more loose watery stools per day) at any point during your illness?

YES..... 1

NO..... 2

REFUSED..... 8

UNKNOWN..... 9

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B11. Was there a period when (*your, name* _____'s) diarrhea went away and then came back?

YES..... 1
NO..... 2 (GO TO B15)
REFUSED..... 8 (GO TO B15)
UNKNOWN..... 9 (GO TO B15)

B12. How many times did this happen?

|__|__| Times

B13. The first time that this happened, how many days did the diarrhea go away before it came back?

|__|__| Days

B14. The second time that this happened, how many days did the diarrhea go away before it came back?

|__|__| Days

99 Not Applicable (**IF THERE WAS ONLY ONE DIARRHEA FREE PERIOD**)

B15. What date did the diarrhea *completely* end (include all of the diarrhea free days if there were any)?

Date: |__|__| |__|__| 2000

B16. Did (*you/name* _____) lose any weight?

YES..... 1
NO..... 2 (GO TO B18)
REFUSED..... 8 (GO TO B18)
UNKNOWN..... 9 (GO TO B18)

B17. If yes, how much weight did *you/he/she* lose?

|__|__| pounds Don't know.....99

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B18. Did (*you/name* _____) seek health care for any symptoms?

YES..... 1
 NO..... 2 (**GO TO B23**)
 REFUSED..... 8(**GO TO B23**)
 UNKNOWN..... 9 (**GO TO B23**)

B19. The following questions are about treatment for (*your, name* _____'s) illness.

B19a. Was a healthcare provider consulted over the phone? Y N R U
 B19b. Did (*you/he/she*) visit a health care provider Y N R U
 B19c. Did (*you/he/she*) visit an Emergency Room Y N R U
 B19d. Were (*you/he/she*) hospitalized for more than 24 hours Y N R U

B19e. If yes, NUMBER OF DAYS HOSPITALIZED |_|_|

B19f. Did (*you/he/she*) need intravenous fluid Y N R U

B20. Did you submit a stool sample for lab confirmation?

YES..... 1

B20a. If yes. Where ? (*name, address, and telephone number*)

NO..... 2 (**GO TO B23**)
 REFUSED..... 8 (**GO TO B23**)
 UNKNOWN..... 9 (**GO TO B23**)

B21. When did (*you/name* _____) submit the stool specimen ?

		Day	mo.	year
B21a	First stool	_ _	_ _	_ _ _ _
B21b	Second stool	_ _	_ _	_ _ _ _
B21c	Third stool	_ _	_ _	_ _ _ _

[Location]

B22. What were the results of the stool test(s)?

	First Stool	Second Stool	Third Stool
Negative			
Positive for crypto			
Positive for other pathogens (specify) _____			

B23. Were (you/name _____) unable to go to work/school/camp/daycare or to participate in (your/his/her) normal activities of daily life (e.g. unable to play, etc.) because of this illness?

YES..... 1

B23a. If yes, how many days ? |__|__|

NO..... 2

REFUSED..... 8

UNKNOWN..... 9

B24. Do (you/name _____) have a weakened immune system? Conditions such as cancer, HIV, organ transplant and/or receiving steroid treatment can cause a weakened immune system. This does not include inhaled steroids for asthma therapy.

YES..... 1

NO..... 2

REFUSED..... 8

UNKNOWN..... 9

[Location]

SECTION C: TWO WEEK EXPOSURE INFORMATION FOR CASES

I would like to concentrate on the two weeks before (*your/name* _____'s) illness.

CALCULATE THE 2-WEEK EXPOSURE PERIOD BY COUNTING 14 DAYS BEFORE THE ONSET DATE IN QUESTION B2.

This means the **2 weeks** between _____ and _____, 2000.

I. Water/food

C1. What were (*your/name* _____) sources of drinking water at home?

READ ALL CHOICES AND CIRCLE ALL THAT APPLY.

Municipal water from the tap.....	Y N
Municipal tap water with additional filtration	Y N
Well water.....	Y N
Commercially bottled water.....	Y N
specify _____	
Other	Y N
specify _____	
REFUSED.....	Y N
UNKNOWN.....	Y N

C2. During the 2 weeks before illness, what were (*your/name* _____'s) sources of drinking water at school, work, camp, or daycare?

READ ALL CHOICES AND CIRCLE ALL THAT APPLY.

Municipal water from the tap.....	Y N
Municipal tap water with additional filtration	Y N
Municipal tap water filtered at home	Y N
Well water.....	Y N
Commercially bottled water.....	Y N
Other	Y N
REFUSED.....	Y N
UNKNOWN.....	Y N
NOT APPLICABLE.....	NA

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C3. During the 2 weeks before illness, what was (*your/name* _____)'s) usual source of ice? **READ AND CIRCLE ALL THAT APPLY.**

Tap water from (<i>your/his/her</i>) home.....	Y	N
Tap water from (<i>your/his/her</i>) school/work.....	Y	N
Commercially bought ice..... (specify brand and location) _____	Y	N

Did not use ice.....	Y	
Other specify _____	Y	N
REFUSED.....	Y	N
UNKNOWN.....	Y	N

C4. During the two weeks before illness, did (*you/name* _____) drink any unpasteurized drinks such as milk or fruit juice, and/or eat any unpasteurized products such as raw eggs or other unpasteurized dairy products?

YES..... 1

If yes, what did you drink?

CODE

C4a. _____	_ _
C4b. _____	_ _
C4c. _____	_ _
C4d. _____	_ _

NO..... 2
REFUSED..... 8
UNKNOWN..... 9

[Location]

II. Events

C5. During the two weeks before (*you/name* _____) became ill, did (*you/name* _____) attend any large social gatherings with 50 or more persons present, such as, picnics, county fairs or other events?

YES..... 1
 NO..... 2 (GO TO C7)
 REFUSED..... 8 (GO TO C7)
 UNKNOWN..... 9 (GO TO C7)

C6. What event(s) did (*you/name* _____) attend?

FILL IN INFORMATION FOR UP TO 4 EVENTS. SKIP TO C7 AFTER ENTERING LAST MENTIONED EVENT.

C6a/ NAME _____
 LOCATION _____
 DATE |_|_|-|_|_|-|_|_|
 MM DD YY

C6a1. While attending this event did *you/he/she* drink any beverage made with water, such as ice tea, lemonade, or other powdered or concentrated drink mix?

YES..... 1
 NO..... 2
 REFUSED..... 8
 UNKNOWN..... 9

C6a2 While at this event did *you/he/she* eat any food that was not commercially packaged?

YES..... 1
 NO..... 2
 REFUSED..... 8
 UNKNOWN..... 9

[Location]

C6b/ NAME _____ |_|_|
 LOCATION _____ |_|_|
 DATE |_|_|-|_|_|-|_|_|
 MM DD YY

C6b1. While attending this event did *you/he/she* drink any beverage made with water, such as ice tea, lemonade, or other powdered or concentrated drink mix?

YES..... 1
 NO..... 2
 REFUSED..... 8
 UNKNOWN..... 9

C6b2 While at this event did *you/he/she* eat any food that was not commercially packaged?

YES..... 1
 NO..... 2
 REFUSED..... 8
 UNKNOWN..... 9

C6c /NAME _____ |_|_|
 LOCATION _____ |_|_|
 DATE |_|_|-|_|_|-|_|_|
 MM DD YY

C6c1. While attending this event did *you/he/she* drink any beverage made with water, such as ice tea, lemonade, or other powdered or concentrated drink mix?

YES..... 1
 NO..... 2
 REFUSED..... 8
 UNKNOWN..... 9

C6c2 While at this event did *you/he/she* eat any food that was not commercially packaged?

YES..... 1
 NO..... 2
 REFUSED..... 8
 UNKNOWN..... 9

[Location]

C6d/ NAME _____|_|
 LOCATION _____|_|
 DATE |_|_|-|_|_|-|_|_|
 MM DD YY

C6d1. While attending this event did *you/he/she* drink any beverage made with water, such as ice tea, lemonade, or other powdered or concentrated drink mix?

YES..... 1
 NO..... 2
 REFUSED..... 8
 UNKNOWN..... 9

C6d2 While at this event did *you/he/she* eat any food that was not commercially packaged?

YES..... 1
 NO..... 2
 REFUSED..... 8
 UNKNOWN..... 9

III. Recreational Water

III. A. General Water-Associated Activities

C7. During the two weeks before (*you/name* _____'s) illness, this means the **2 weeks** between _____ and _____, did (*you/he/she*) go to a pool, lake, river, or ocean?

YES..... 1
 NO..... 2 (**GO TO C 81**)
 REFUSED..... 8 (**GO TO C 81**)
 UNKNOWN..... 9 (**GO TO C 81**)

C8. On a typical visit during the 2 weeks before the illness, did (*you/he/she*) swim or enter the water while at the pool, lake, river, or ocean?

YES..... 1
 NO..... 2 (**GO TO C 17**)
 REFUSED..... 8 (**GO TO C 17**)
 UNKNOWN..... 9 (**GO TO C 17**)

[Location]

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C9. On a typical visit during the 2 weeks before the illness, did (*you/name* _____) usually wade or play in the water without swimming?

Always.....1
Almost always.....2
Sometimes.....3
Never.....4
REFUSED.....8
UNKNOWN.....9

C10. On a typical visit during the 2 weeks before the illness, did (*your/name* _____) get water splashed in (*your/his/her*) face?

Always.....1
Almost always.....2
Sometimes.....3
Never.....4
REFUSED.....8
UNKNOWN..... 9

C11. On a typical visit during the 2 weeks before the illness, did (*your/name* _____) put (*your/his/her*) face in the water?

Always.....1
Almost always.....2
Sometimes.....3
Never.....4
REFUSED.....8
UNKNOWN..... 9

C12. On a typical visit during the 2 weeks before the illness, did (*you/name* _____) get any of the water in (*your/his/her*) mouth?

Always.....1
Almost always.....2
Sometimes.....3
Never.....4
REFUSED.....8
UNKNOWN..... 9

[Location]

C13. On a typical visit during the 2 weeks before the illness, did (you/name _____) swallow any of this water?

- Always.....1
- Almost always.....2
- Sometimes.....3
- Never.....4 (GO TO C15)
- REFUSED.....8 (GO TO C15)
- UNKNOWN..... 9 (GO TO C15)

C14. On a typical visit during the 2 weeks before the illness, how much water do (you, name _____) swallow? **READ ALL CHOICES AND CIRCLE ONE RESPONSE.**

- A mouthful..... 1
- Several mouthfuls..... 2
- The equivalent of a glass..... 3
- REFUSED..... 8
- UNKNOWN..... 9

C15. On a typical visit during the 2 weeks before the illness, did (your/name _____) dive into the water?

- Always..... 1
- Almost always..... 2
- Sometimes.....3
- Never.....4
- Not applicable..... 7
- REFUSED..... 8
- UNKNOWN..... 9

C16. On a typical visit during the 2 weeks before the illness, did (you/name _____) use a slide to enter the water at the recreational area?

- Always..... 1
- Almost always..... 2
- Sometimes.....3
- Never.....4
- Not applicable..... 7
- REFUSED..... 8
- UNKNOWN..... 9

[Location]

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C17. On a typical visit during the 2 weeks before the illness, did (you/he/she) bathe in a hot tub or jacuzzi?

Always.....1
 Almost always.....2
 Sometimes.....3
 Never.....4
 REFUSED.....8
 UNKNOWN..... 9

C 18. On a typical visit during the 2 weeks before illness, did (you/name _____) eat while visiting the pool, lake, river, or ocean?

Always.....1
 Almost always.....2
 Sometimes.....3
 Never.....4
 REFUSED.....8
 UNKNOWN..... 9

C 19. On a typical visit during the 2 weeks before the illness, did (you/name _____) go to the restrooms at the recreational area to....

Change diapers.....	Y	N	Unk	R
Wash hands.....	Y	N	Unk	R
Urinate.....	Y	N	Unk	R
Have bowel movements	Y	N	Unk	R
Shower.....	Y	N	Unk	R
Other				
specify _____	Y	N	Unk	R
specify _____	Y	N	Unk	R

[Location]

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C20. I would like to ask you whether (you, name _____) swam or entered the water at *[pool(s) of interest]* during the 2 weeks before illness, during illness, and the 2 weeks after diarrhea ended. **READ ALL CHOICES AND FILL IN THE APPROPRIATE TIME PERIODS**

NAME OF POOL	2 WEEKS BEFORE ILLNESS ONSET	DURING ILLNESS	2 WEEKS AFTER DIARRHEA ENDED	DON'T REMEMBER SPECIFIC TIME PERIOD
[1 st pool of interest]				
[2 nd pool of interest]				
[3 rd pool of interest]				

C 20a. Now I'd like to ask (you, name _____) about other pools or recreational areas where (you, name _____) may have entered the water or swam 2 weeks before illness, during illness, and the 2 weeks after diarrhea ended. Please name the pools and/or recreational swimming areas, including lakes, rivers, and pools that (you, name _____) used during these time periods. **DO NOT READ LIST. PLACE AN "X" BY THE APPROPRIATE RECREATIONAL FACILITY AND THE APPROPRIATE TIME PERIODS.** *[note: name the venues that may have been visited in the geographic area]*

NAME OF OTHER RECREATIONAL WATER SITES	2 WEEKS BEFORE ILLNESS ONSET	DURING ILLNESS	2 WEEKS AFTER DIARRHEA ENDED	DON'T REMEMBER SPECIFIC TIME PERIOD

[Location]

III. B. [Name of pool]

C 21. During the two weeks before *illness*, did (you/he/she) go to the [venue] pool facility either as a member, as a guest, or as a visiting swimmer?

YES..... 1
 NO.....2 (GO TO C 70)
 REFUSED.....8 (GO TO C 70)
 UNKNOWN..... 9 (GO TO C 70)

C 22. During those 2 weeks before illness, did (you/he/she) bathe in a hot tub or jacuzzi at [venue]?

Always.....1
 Almost always.....2
 Sometimes.....3
 Never.....4
 REFUSED.....8
 UNKNOWN..... 9

C 23. On a typical visit to [venue] during the 2 weeks before illness, did (you/name _____) eat while visiting the pool?

Always.....1
 Almost always.....2
 Sometimes.....3
 Never.....4
 REFUSED.....8
 UNKNOWN..... 9

C 24. On a typical visit to [venue] during the 2 weeks before illness, did (you/name _____) consume any drink with ice, for example, ice tea or soda from the soda fountain?

Always..... 1
 Almost always..... 2
 Sometimes..... 3
 Never..... 4
 REFUSED..... 8
 UNKNOWN..... 9

[Location]

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C 25. On a typical visit to *[venue]* during the 2 weeks before illness, did (*you/name* _____) drink from the water fountain at the swimming pool?

Always.....	1
Almost always.....	2
Sometimes.....	3
Never.....	4
REFUSED.....	8
UNKNOWN.....	9

C 26. On a typical visit to *[venue]* during the 2 weeks before illness, did (*you/name* _____) go to the restrooms at the swimming pool to....

Change diapers.....	Y	N	Unk	R
Wash hands.....	Y	N	Unk	R
Urinate.....	Y	N	Unk	R
Have bowel movements	Y	N	Unk	R
Shower.....	Y	N	Unk	R
Other				
specify _____	Y	N	Unk	R
specify _____	Y	N	Unk	R

C 27. On a typical visit to *[venue]* during the 2 weeks before illness, did (*you/name* _____) touch or play on the playground equipment at a playground near the swimming pool ?

Always.....	1
Almost always.....	2
Sometimes.....	3
Never.....	4
REFUSED.....	8
UNKNOWN.....	9

C 28. During the two weeks before *illness*, did (*you/he/she*) swim or enter the water while at the *[venue]* pool facility?

YES.....	1	
NO.....	2	(GO TO C 68)
REFUSED.....	8	(GO TO C 68)
UNKNOWN.....	9	(GO TO C 68)

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C 29. During the two weeks before *illness*, did (you/he/she) participate as a member of any of the following groups? **READ ALL AND CIRCLE ALL THAT APPLY.**

[List potential group activities that might have been attended (e.g., swim lessons, water aerobics, etc.).]

The following questions are for a typical visit to the *[venue]*. *[ask the following questions for each pool of interest at the venue]*

C 30. During the 2 weeks before illness, did (you/name _____) swim in or enter the pool at *[venue]*?

YES1
 NO..... 2 (GO TO C 40)
 REFUSED..... 8 (GO TO C 40)
 UNKNOWN..... 9 (GO TO C 40)

C 31. How many days in those 2 weeks did (you /name _____) swim in or enter the pool at *[venue]*? **READ ALL CHOICES AND CIRCLE ONE RESPONSE.**

1-3 days.....1
 4-7 days.....2
 8-11 days.....3
 12-14 days.....4

C 32. How long did (you, name _____) usually stay in the pool at *[venue]* on a typical visit during the 2 weeks before illness? **READ ALL CHOICES AND CIRCLE ONLY ONE RESPONSE.**

0-1/2 h.....1
 1/2-1 h.....2
 1-2 h.....3
 >2 h.....4

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C 33. On a typical visit to *[venue]* pool during the 2 weeks before illness, did (*you/name* _____) usually wade or play in the water without swimming?

Always.....1
Almost always.....2
Sometimes.....3
Never.....4
REFUSED.....8
UNKNOWN..... 9

C 34. On a typical visit to *[venue]* pool during the 2 weeks before illness, did (*your/name* _____) get water splashed in (*your/his/her*) face?

Always.....1
Almost always.....2
Sometimes.....3
Never.....4
REFUSED.....8
UNKNOWN..... 9

C 35. On a typical visit to *[venue]* pool during the 2 weeks before illness, did (*your/name* _____) put (*your/his/her*) face in the water?

Always.....1
Almost always.....2
Sometimes.....3
Never.....4
REFUSED.....8
UNKNOWN..... 9

C 36. On a typical visit to *[venue]* pool during the 2 weeks before illness, did (*you/name* _____) get any of the water in (*your/his/her*) mouth?

Always.....1
Almost always.....2
Sometimes.....3
Never.....4
REFUSED.....8
UNKNOWN..... 9

[Location]

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C 37. On a typical visit to [venue] pool during the 2 weeks before illness, did (you/name _____) swallow any of this water?

- Always.....1
- Almost always.....2
- Sometimes.....3
- Never.....4 (GO TO C39)
- REFUSED.....8 (GO TO C39)
- UNKNOWN..... 9 (GO TO C39)

C 38. On a typical visit to [venue] pool during the 2 weeks before illness, how much water do (you, name _____) swallow ? **READ ALL CHOICES AND CIRCLE ONE RESPONSE.**

- A mouthful..... 1
- Several mouthfuls..... 2
- The equivalent of a glass..... 3
- REFUSED..... 8
- UNKNOWN..... 9

C 39. On a typical visit to [venue] pool during the 2 weeks before illness, did (your/name _____) dive into the water?

- Always..... 1
- Almost always..... 2
- Sometimes.....3
- Never.....4
- Not applicable..... 7
- REFUSED..... 8
- UNKNOWN..... 9

C 68. When the [venue] pools were closed (this is the period between [dates]) did (you, name _____) enter the water or swim at any other facility or recreational area?

- YES..... 1 (GO TO C69)
- NO.....2 (GO TO C70)
- REFUSED..... 8 (GO TO C70)
- UNKNOWN..... 9 (GO TO C70)

C 69. Where did you swim or enter the water while the [venue] pools were closed?
(WRITE IN NAME OF POOL/RECREATIONAL AREA)

Name of Pool/Recreational Area

CODE

[Location]

- a. _____ |_|_|
- b. _____ |_|_|
- c. _____ |_|_|
- d. _____ |_|_|
- e. _____ |_|_|

IV. Travel history

C 81. During the 2 weeks before illness, did (*you/name* _____) travel within the state?

YES..... 1
 NO..... 2 (**GO TO C83**)
 REFUSED..... 8 (**GO TO C83**)
 UNKNOWN..... 9 (**GO TO C83**)

C 82. Please tell me where you went within the state: (**WRITE IN LOCATION**)

LOCATION	CODE
A _____	_ _
B _____	_ _
C _____	_ _

C 83. During the 2 weeks before illness, did (*you/name* _____) travel to another state within the United States?

YES..... 1
 NO..... 2 (**GO TO C85**)
 REFUSED..... 8 (**GO TO C85**)
 UNKNOWN..... 9 (**GO TO C85**)

C 84. Please tell me the name of the cities and states that you traveled to:
(WRITE IN LOCATION)

CITY/STATE	CODE
------------	------

[Location]

A _____ |_|_|

B _____ |_|_|

C _____ |_|_|

C 85. During the two weeks before illness, did (*you/name* _____) travel to another country?

YES..... 1

NO..... 2 (GO TO C 87)

REFUSED..... 8 (GO TO C 87)

UNKNOWN..... 9 (GO TO C 87)

C 86. Please tell me which country or countries you traveled to:
(WRITE IN LOCATION)

COUNTRY	CODE
A _____	_ _
B _____	_ _
C _____	_ _

V. Person/person contact

C 87. This question is for children who receive care outside the home, such as childcare or babysitting. During the 2 weeks before illness, did (*you/name* _____) attend or go to any of the following childcare settings? (**READ ALL CHOICES AND CIRCLE THE CORRECT RESPONSE.**)

Out of home childcare center.....	Y	N	Unk	R
specify _____				
In-home childcare center.....	Y	N	Unk	R
Out of home babysitter.....	Y	N	Unk	R
In-home babysitter.....	Y	N	Unk	R
Other	Y	N	Unk	R
specify _____				

C 88. This question is for persons involved in providing child care. During the 2 weeks before illness, did (*you/name* _____) provide childcare in any of the following

[Location]

childcare settings? (**READ ALL CHOICES AND CIRCLE THE CORRECT RESPONSE.**)

Out of home childcare center.....	Y	N	Unk	R
specify _____				
In-home childcare center.....	Y	N	Unk	R
Out of home babysitter.....	Y	N	Unk	R
In-home babysitter.....	Y	N	Unk	R
Other	Y	N	Unk	R
specify _____				

C 89. During the 2 weeks before illness, did (you/name _____) handle or play with any children in diapers?

YES.....	1
NO.....	2 (GO TO C 91)
REFUSED.....	8 (GO TO C 91)
UNKNOWN.....	9 (GO TO C 91)

C 90. During the 2 weeks before illness, did (you/name _____) change any diapers?

YES.....	1
NO.....	2
REFUSED.....	8
UNKNOWN.....	9

C 91. During the 2 weeks before illness, did (you/name _____) come in contact with anyone who had intestinal problems, such as diarrhea, nausea, or vomiting?
Specifically did (you, name _____) come into contact with.....

C91a. Ill teenagers or adults	Y	N	R	U
C91b. Ill children 3-12 years	Y	N	R	U
C91c. Ill children less than 3 years	Y	N	R	U

IF YES TO ANY OF THE QUESTIONS IN C91, ANSWER C92, OTHERWISE GO TO C93.

C 92. Did (you, name _____) provide direct care to a person with gastrointestinal illness?

[Location]

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YES.....	1
NO.....	2
REFUSED.....	8
UNKNOWN.....	9

VI. Person/animal contact

C 93. In the 2 weeks before illness, did (you/name _____) pet, touch, or have any other close contact with any of the following young animals or were/was (you/name _____) exposed to their feces. (**READ ALL CHOICES AND CIRCLE THE APPROPRIATE RESPONSE.**)

Puppies	Y	N	Unk	R
Kittens.....	Y	N	Unk	R
Calves.....	Y	N	Unk	R
Lambs.....	Y	N	Unk	R
Piglets.....	Y	N	Unk	R
Other				
Specify _____	Y	N	Unk	R
Specify _____	Y	N	Unk	R

C 94. During that period, did (you/name _____) visit any of the following ? (**READ ALL CHOICES AND CIRCLE THE APPROPRIATE RESPONSE.**)

[note: name the venues at which people may have had contact with animals, e.g., pet store, petting zoo, farm, etc., that may have been visited in the geographic area]

This concludes our questionnaire. I would like to thank you very much for your time, patience, and cooperation in answering our questions.

END OF QUESTIONNAIRE!

[Location]

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